## **Attachment A - Paid Benefits**

	Public Employees		Public Safety Employees		Mayor/			Long-term
	Non-		Police Fire	Appointed	Council	Temp/	Temp/	
	Contributory	Contributory	Officers	Fighters	Employees	Members	Seasonal	Seasonal
Retirement								
Utah State	11.09%	13.08%	17.95% *	7.83%				11.09%
ICMA RC 401(k)	6.86%	4.87%		10.12%	17.95%	8.05%		
ICMA RC 457							7.50%	
Disability Insurance	0.60%	0.60%	0.60%	0.60%	0.60%	0.60%		
Worker's Compensation	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
Unemployment Insurance	0.17%	0.17%	0.17%	0.17%			0.17%	0.17%
Medicare	1.45%	1.45%	1.45%	1.45%	1.45%	1.45%	1.45%	1.45%
(If hired 4/1/86 or after)								
* Total Utah State Retireme	ent contribution f	or Police Officers	is 22.85%; City	y pays 17.95%	and Employe	ee is required	to contribute	4.90%
Total % paid on	21.17%	21.17%	21.17%	21.17%	21.00%	11.10%	10.12%	13.71%
gross earnings								
	**	Dollar Amounts	are Semi Mon	thly (24 Pay	Periods/Year)	**		
Life Insurance *	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$2.50		
Life Be Fit Program	\$5.50	\$5.50	\$5.50	\$5.50	\$5.50	\$5.50		
EAP	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75	\$0.75		
Cafeteria Credits/HRA (see	note below)							
Full-Time	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00	\$80.00		
Part-Time	\$40.63	\$40.63	\$40.63	\$40.63				
Medical Insurance (Elected,	, Appointed and l	Full Time Employ	yees)					
Single	\$92.51	\$92.51	\$92.51	\$92.51	\$92.51	\$92.51		
2 Party	\$158.96	\$158.96	\$158.96	\$158.96	\$158.96	\$158.96		
Family	\$222.66	\$222.66	\$222.66	\$222.66	\$222.66	\$222.66		
Medical Insurance (Part Tin	ne Employees)							
Single	\$62.20	\$62.20	\$62.20	\$62.20				
2 Party	\$110.16	\$110.16	\$110.16	\$110.16				
Family	\$156.05	\$156.05	\$156.05	\$156.05				
Dental Insurance (Elected, A	Appointed and Fu	ıll Time Employe	ees)					
Single	\$7.66	\$7.66	\$7.66	\$7.66	\$7.66	\$7.66		
2 Party	\$15.33	\$15.33	\$15.33	\$15.33	\$15.33	\$15.33		
Family	\$23.00	\$23.00	\$23.00	\$23.00	\$23.00	\$23.00		
Dental Insurance (Part Time	Employees)							
Single	\$6.76	\$6.76	\$6.76	\$6.76				
2 Party	\$13.53	\$13.53	\$13.53	\$13.53				
Family	\$20.28	\$20.28	\$20.28	\$20.28				
* Life Insurance Coverage	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$25,000		
Note - Additional cafeteria credits are available as follows (semi-monthly dollars):						Single	2 Party	Family
Full-time employees opting out of medical insurance before July 1, 1994						\$34.87	\$31.67	\$28.46
Part-time employees opting out of medical insurance before July 1, 1994						\$15.83	\$12.62	\$9.41
Any employee	opting out of d	lental insurance	e			\$3.83	\$7.66	\$11.50

All employees that have enrolled in the city's medical insurance plan since July 1, 1994 can choose to opt out of the medical insurance only if they have another plan in place. However, they will not be eligible for additional cafeteria credits. Opting out of the city's medical plan requires that an employee sign a medical insurance waiver. Before doing so, an employee is required to talk with someone in Human Resources about the potential benefits of coordinating the city's plan with his/her alternate coverage.

Sandy City Corporation reserves the right to modify these benefits at times, and in ways, deemed appropriate and necessary to meet the needs of the city and its employees generally.